

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00006080

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

04

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		121831.57
(b) Cash on Hand at Beginning of Reporting Period	198161.41	
(c) Total Receipts (from Line 19)	80878.90	254177.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	279040.31	376009.47
7. Total Disbursements (from Line 31)	109384.93	206354.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	169655.38	169655.38
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	75539.09	232714.09
(i) Itemized (use Schedule A)		
(ii) Unitemized	5339.81	18463.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	80878.90	251177.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	80878.90	254177.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	80878.90	254177.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80878.90	254177.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1384.93	3734.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1384.93	3734.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108000.00	202620.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109384.93	206354.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109384.93	206354.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	80878.90	254177.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80878.90	254177.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1384.93	3734.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1384.93	3734.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 39

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy
Ste 100

City State Zip Code
West Des Moines IA 50266-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health Care Assn.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C687655

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gary D Anderson

Mailing Address 6618 McMakin Court

City State Zip Code
Colleyville TX 76034-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Care Partners
Management Gro

Occupation
President/Management Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691339

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code
League City TX 77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baywind Village

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: C687268

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Harry Baum

Mailing Address 8300 NW Eastside Drive

City

Weatherby Lake

State

MO

Zip Code

64152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharon Lake Nursing Home

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691342

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Harry Baum

Mailing Address 8300 NW Eastside Drive

City

Weatherby Lake

State

MO

Zip Code

64152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharon Lake Nursing Home

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691345

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Angie Burgess

Mailing Address Nexion Health
1606 Memorial Avenue

City

Mount Pleasant

State

TX

Zip Code

75455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Pleasant Healthcare
Center

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: C689346

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jill Capela

Mailing Address 1101 S. Capital of TX Hwy
Bldg. GCity State Zip Code
Austin TX 78746FEC ID number of contributing
federal political committee.**C**Name of Employer
ONR Inc.Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C691007

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402FEC ID number of contributing
federal political committee.**C**Name of Employer
The Chase GroupOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698385

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address 100 Daniel Drive

City State Zip Code
Webster NY 14580-2912FEC ID number of contributing
federal political committee.**C**Name of Employer
Maplewood Nursing HomeOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691341

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Phil Chase

Mailing Address 3075 E Thousand Oaks Blvd

City

Thousand Oaks

State

CA

Zip Code

91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation

Nursing Home Consult

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698379

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Susan Chase

Mailing Address 5374 Long Shadow Ct

City

Westlake Village

State

CA

Zip Code

91362-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation

Partner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698382

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Robert M. Chur

Mailing Address Elderwood Senior Care
7 Limestone Drive

City

Williamsville

State

NY

Zip Code

14221-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elderwood Affiliates Inc

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: C686007

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gail Clarkson

Mailing Address 1387 Club Drive

City

Bloomfield Hills

State

MI

Zip Code

48302-0823

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medilodge Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C691253

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Hap Cursey

Mailing Address 531 Stevenson Ln

City

Towson

State

MD

Zip Code

21286-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holly Hill Manor

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691356

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: C686011

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691349

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Susan Green

Mailing Address Heatherwood Retirement Community
9642 Burke Lake Road

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heatherwood Retirement Co-
mmunity

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C687295

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgcrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.28

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: C686019

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

1788.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.28

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: C689358

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.28

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698392

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Thomas E. Hill

Mailing Address 2901 Highway 82E

City

Greenwood

State

MS

Zip Code

38930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Age Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691347

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

576.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joyce Humiston

Mailing Address 448 N Main St

City

Mancos

State

CO

Zip Code

81328-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&G Management

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686985

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Terri Kern

Mailing Address PO Box 1140

City

Sandia Park

State

NM

Zip Code

87047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Healthcare Group, Inc.

Occupation
SVP Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C687459

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: C686020

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

6039.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: C689360

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698399

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

William Levering

Mailing Address 201 North Main Street

City State Zip Code
Mount Vernon OH 43050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levering Management Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C705278

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2079.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Loucks

Mailing Address 800 Saguaro Trl

City

Farmington

State

NM

Zip Code

87401-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&G Health Care Management
Inc.

Occupation

Health Care Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691353

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Terry Mace

Mailing Address 609 Highline Drive

City

East Wenatchee

State

WA

Zip Code

98802-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triple C Healthcare Servi-
ces

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C686868

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christian Mason

Mailing Address 9375 SW Commerce Circle
Suite A1

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vigilan, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C686865

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nicolette Merino

Mailing Address 7600 NE 41st Street
Suite 330

City State Zip Code
Vancouver WA 98662

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeStyles, LLC

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C686866

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Rick Miller

Mailing Address 25117 SW Parkway Ste. F

City State Zip Code
Wilsonville OR 97070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avamere Health Services

Occupation
Owner/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C692054

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
Globe AZ 85501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copper Mountain Inn

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: C684859

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City

Westlake Village

State

CA

Zip Code

91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698381

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Joe Perkin

Mailing Address 20641 West 220th Street

City

Spring Hill

State

KS

Zip Code

66083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Management

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: C684860

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel Richardson

Mailing Address Latta Road Nurshing Home
2100 Latta Road

City

Rochester

State

NY

Zip Code

14612-3728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691340

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel Richardson

Mailing Address Latta Road Nurshing Home
2100 Latta Road

City State Zip Code
Rochester NY 14612-3728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698377

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Angelo S. Rotella

Mailing Address Friendly Home
303 Rhodes Avenue

City State Zip Code
Woonsocket RI 02895-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friendly Home Inc

Occupation
President/Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691344

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Dion Sena

Mailing Address 1301 NE 104th Street

City State Zip Code
Miami Shores FL 33138-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mandarin Health Group, LLC

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C687649

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691352

Amount of Each Receipt this Period

230.00

B.

Full Name (Last, First, Middle Initial)

Michael Shepard

Mailing Address 6810 South Hazel Street

City

Pine Bluff

State

AR

Zip Code

71603-7828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden Point - Davis Life
Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C687654

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

John Stassi

Mailing Address CommCare Corporation2
601 Poydras Street

City

New Orleans

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
CommCare Corporation 2

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: C689173

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 404 Woodland Drive

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel Development Group

Occupation
Chair/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: C686247

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

William H. Thompson

Mailing Address 2744 West Gerald Ford Drive

City

Cordova

State

TN

Zip Code

38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Dove

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C687648

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City

Raleigh

State

NC

Zip Code

27608-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayview Conv Home Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691361

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathy Weiner

Mailing Address 1217 Nonchalant Dr

City

Simi Valley

State

CA

Zip Code

93065-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Rehab Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698380

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Ted Weiner

Mailing Address 1217 Nonchalant Dr

City

Simi Valley

State

CA

Zip Code

93065-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Rehab Care

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C698383

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Joey Wiggins

Mailing Address ConvaCare Management
2908 Hawkins Drive

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Convacare Management, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4775.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C686871

Amount of Each Receipt this Period

4775.00

SUBTOTAL of Receipts This Page (optional)

8525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cathy Williams

Mailing Address 826 W Desmond St

City

Winslow

State

AZ

Zip Code

86047-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winslow Campus of CareOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Transaction ID: C691360

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mark Woolpert

Mailing Address 200 S 13th St
Ste 205

City

Grover Beach

State

CA

Zip Code

93433-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Compass Health CareOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Transaction ID: C686010

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Frank Wronski

Mailing Address 64500 Van Dyke Road

City

Washington

State

MI

Zip Code

48095-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medilodge GroupOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Transaction ID: C691184

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matt Yarwood

Mailing Address 247 Joaquin Dr

City

Danville

State

CA

Zip Code

94526-3058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vintage Estates - Hayward

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C686864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

75539.09

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D84176

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1009.36

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D84175

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

375.57

SUBTOTAL of Disbursements This Page (optional)

1384.93

TOTAL This Period (last page this line number only)

1384.93

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRIDGE PAC

Mailing Address 499 S Capitol St SW
Ste 412

City Washington State DC Zip Code 20003-4009

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
BRIDGE PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
Democratic Congressional Campaign Committee

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D83477

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

Grassley Committee Inc.

Mailing Address 5327 Holmes Run Pkwy

City Alexandria State VA Zip Code 22304-2801

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Charles E. Grassley

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: D82837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

22000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TEDISCO FOR CONGRESS INC

Mailing Address 1707 RT 9

City
Clifton Park

State
NY

Zip Code
12065

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
TEDISCO FOR CONGRESS INC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼
Special

State: District:

Transaction ID: D83002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

LONGLEAF PINE PAC

Mailing Address 703 GREEN VALLEY ROAD
SUITE 201

City
Greensboro

State
NC

Zip Code
27408

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
LONGLEAF PINE PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET
SUITE 325

City
Miami

State
FL

Zip Code
33169

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
KENDRICK MEEK FOR FLORIDA

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D83063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 1st St SE

City
Washington

State
DC

Zip Code
20003-1838

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
National Republican Congressional Committee

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82672

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City
Washington

State
DC

Zip Code
20002-4914

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
National Republican Senatorial Committee

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D83000

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

NEBRASKA LEADERSHIP PAC

Mailing Address P.O. Box 3325

City
Omaha

State
NE

Zip Code
68103

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
NEBRASKA LEADERSHIP PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82846

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ORRINPAC F.K.A. CAMPAIGN FOR AMERICAS FUTURE

Mailing Address 175 S. WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
ORRINPAC F.K.A. CAMPAIGN FOR AMERICAS FUTURE

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82839

Date of Disbursement

M M / D D / Y Y Y Y
03 19 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

STUPAK FOR CONGRESS

Mailing Address 817 Ninth Avenue
P.O. Box 156

City State Zip Code
Menominee MI 49858

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bart Stupak

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: D82670

Date of Disbursement

M M / D D / Y Y Y Y
03 12 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BOB ETHERIDGE FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 28001

City State Zip Code
RALEIGH NC 27611

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bob Etheridge

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: D82997

Date of Disbursement

M M / D D / Y Y Y Y
03 25 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Charlie Melancon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: D82678

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address PO Box 15395

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Christopher J. Lee

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D82844

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

LOT OF PEOPLE FOR DAVE OBEY

Mailing Address 932 Ross Ave

City WAUSAU State WI Zip Code 54403-6721

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. David R. Obey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: D82996

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TITUS FOR CONGRESS

Mailing Address 3711 East Sunset Road

City
Las VegasState
NVZip Code
89120Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Dina TitusCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: D82671

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MATSUI FOR CONGRESS

Mailing Address 233 Massachusetts Avenue NE
2nd FloorCity
WashingtonState
DCZip Code
20002Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Doris MatsuiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: D82673

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay Suite 105

City
PortlandState
ORZip Code
97232Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Earl BlumenauerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: D82677

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Frank Pallone, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D82998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF GINNY BROWN-WAITE

Mailing Address P.O. Box 865

City
Brooksville

State
FL

Zip Code
34605

Purpose of Disbursement
Voided contribution

Candidate Name
Rep. Ginny Brown-Waite

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: D82763

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-3000.00

C.

Full Name (Last, First, Middle Initial)

LANGEVIN FOR CONGRESS

Mailing Address 181-A KNIGHT ST

City
WARWICK

State
RI

Zip Code
02886

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. James R. Langevin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: D82680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
JESSE JACKSON JR. FOR CONGRESS

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jesse Jackson, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: D82674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 911 Welsh Ayres Way

City Downingtown State PA Zip Code 19335-1689

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Gerlach

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: D82845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961

City South Bend State IN Zip Code 46634

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Donnelly

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: D82995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joseph Crowley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: D82679

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

KENDRICK MEEK CAMPAIGN FOR CONGRESS

Mailing Address 111 NW 183rd Street

City Miami State FL Zip Code 33169

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kendrick B. Meek

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 17

Transaction ID: D82867

Date of Disbursement

03 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

KENDRICK MEEK CAMPAIGN FOR CONGRESS

Mailing Address 111 NW 183rd Street

City Miami State FL Zip Code 33169

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Kendrick B. Meek

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 17

Transaction ID: D83484

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon Street

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael H. Michaud

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: D83478

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mike Ross

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: D83003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mike Ross

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: D83790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
KIND FOR CONGRESS COMMITTEE

Mailing Address 505 King St

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ron J. Kind

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: D82993

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Rosa Delauro

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D82502

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
LEVIN FOR CONGRESS

Mailing Address 230 North Avenue

City Mt. Clemens State MI Zip Code 48043

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Sander M. Levin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: D82506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address PO Box 7397

City
Las Vegas

State
NV

Zip Code
89125-7397

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Shelley Berkley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D82676

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tim Bishop

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D82840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MINNICK FOR CONGRESS

Mailing Address 8150 W. Emerald Street

City
Boise

State
ID

Zip Code
83704

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Walt Minnick

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: D82681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City State Zip Code
BALTIMORE MD 21203

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
Sen. Barbara A. Mikulski

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 00

Transaction ID: D82504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City State Zip Code
BALTIMORE MD 21203

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
Sen. Barbara A. Mikulski

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 00

Transaction ID: D82505

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF BYRON DORGAN

Mailing Address PO BOX 871

City State Zip Code
BISMARCK ND 58502

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
Sen. Byron L. Dorgan

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D82838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City
PORTLAND

State
OR

Zip Code
97232

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Ron Wyden

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: D83001

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

108000.00